

Parent Authorisation Form (PAF) for Early Education funding for 3 & 4-year-olds and eligible 2-year-olds

Please complete this form so that Early Education funding can be claimed for your child. You are able to request a copy of the Parent/Carer PAF Guidance to assist you in completing this form.

1. Child and Parent/Carer Information

Childs details		Parent/Carer details	
Legal Forename		Title (e.g. Mr, Mrs, Miss, Ms, Mx.)	
Legal Middle Name(s)		Legal Forename	
Legal Surname		Legal Surname	
Gender (please select)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not specified	Gender (please select)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not specified
Address		Address if different from child's address	
Postcode		Postcode	
Date of Birth (DD/MM/YYYY)		Date of Birth (DD/MM/YYYY)	
Ethnicity Code		National Insurance Number or National Asylum Support Service No.	
First Language		Parental Responsibility	<input type="checkbox"/> Yes <input type="checkbox"/> No
30 Hour Eligibility Code		Relationship to child	

2. Attendance details - Provider and Parent to complete this section together

Is your child claiming funded hours at another provider Yes No

If yes, please give the name of this provider:

	Funded hours claimed per week at this provider		Funded Hours claimed per week at another provider.		Parent/carer to date and sign	
	Universal per week	Extended per week	Universal per week	Extended per week	Date	Signature of parent/carer
Autumn Term 14 weeks						
Spring Term 11 weeks						
Summer Term 13 weeks						

If parents want to stretch their funded hours so they are used outside of term time, a stretched offer agreement **MUST** be in place. This can be either on a termly basis or over a year. The stretched offer agreement **MUST** clearly show when the hours will be used and be signed and dated by the parent and provider.

Is a stretched offer agreement in place? Yes No

3. Eligibility

2 Year Funding - Economic Criteria

If your child is 2 – do you have a Golden Ticket?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Golden Ticket Ref Number:	
Or have you checked your eligibility using the online checker? www.suffolk.gov.uk/two	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ref Number:	

2 Year Funding – Non-Economic Criteria

Is your child adopted from care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of evidence provided:	
Or has your child been looked after by the Local Authority for 1 day or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of evidence provided:	
Or does your child receive Disability Living Allowance (DLA) or have an Education, Health and Care Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of evidence provided:	

Early Years Pupil Premium (EYPP) for 3 and 4 year olds

For details about the eligibility criteria please speak to your provider or go to www.suffolk.gov.uk/EYPP

EYPP Non - Economic criteria

Is your child subject to an adoption, child arrangement, special guardianship or residence order?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of evidence provided:	
Or has your child been looked after by the Local Authority for 1 day or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of evidence provided:	

Disability Access Fund (DAF)

If your child is over 3 and claims Disability Living Allowance (DLA) you can nominate **one** provider to receive an extra **£1000 per year** from the Disability Access Fund.

Are you nominating this provider to claim the DAF allowance for your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	DLA evidence provided:	
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4. Parent/Carer Declaration

You must agree/understand to the following declarations before you can start accessing your funded place. Please mark the box to show you agree/understand.

Please refer to the **Suffolk County Council (SCC) CYP Privacy Notice** for information on how your details will be used and shared (www.suffolk.gov.uk/about/privacy-notice/).

I confirm all the childcare provider/s / schools and universal/extended funded hours my child attends are correct.	Yes, I agree <input type="checkbox"/>
I confirm this provider can claim for the number of hours indicated in section 2.	Yes, I agree <input type="checkbox"/>
I understand I cannot increase the number of funded hours I am claiming during the term.	Yes, I agree <input type="checkbox"/>
I understand if I choose to move my child during a term to a different childcare provider in Suffolk, the new provider will not be able to claim funded hours until next term and I may be expected to pay the new provider.	Yes, I agree <input type="checkbox"/>
I understand this provider can discuss my child's pattern of attendance with the other provider/s stated above so they can confirm where I would like to claim my universal/extended hours.	Yes, I agree <input type="checkbox"/>
I understand this provider will check my eligibility for the funding and that information can be shared with Suffolk County Council (SCC) and services within	Yes, I agree <input type="checkbox"/>

SCC (e.g. School transport, Free school meals, continuing with my child into School Reception Year) and Department for Education (DfE) to confirm my child's eligibility and enable this provider to claim funding on behalf of my child.		
I understand it is a criminal offence to make false claims for funding, and any suspected false claims will be treated seriously, and the appropriate action will be taken.		Yes, I understand <input type="checkbox"/>
I understand the information in this form is sensitive and I take responsibility for this risk if I return this form by email to my childcare provider.		Yes, I understand <input type="checkbox"/> or not applicable <input type="checkbox"/>
Authorised by Parent/Carer (PRINT)		Date:
Signed (or state returned by email)		
Email address (if form is returned electronically your email address will represent signature and your declaration that this claim is correct)		

For Childcare Provider Office Use Only

5. Provider Declaration

Please refer to the guidance notes before making the following declarations. You must indicate in the boxes to show you agree/understand the declarations before you can offer a funded place.

I have verified the Date of Birth (DoB) evidence provided by the parent/carer and I have selected below which DoB evidence has been seen.		Yes <input type="checkbox"/>
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> European ID Card	<input type="checkbox"/> Passport
Reference number of DoB evidence selected		
I confirm that the information given is correct and that the named child is eligible for early education funding during the term/s shown on the PAF.		Yes, I agree <input type="checkbox"/>
I confirm that no more than 15 hours of universal early education will be taken per week this term or 30 hours where a family is eligible for a total of 30 funded hours per week.		Yes, I agree <input type="checkbox"/>
Where applicable, I confirm I have verified eligibility for additional funding. (2-year-old, extended entitlement, Non-economic EYPP, DAF) before offering a funded place.		Yes, I agree <input type="checkbox"/>
I understand it is a criminal offence to make false claims for funding, and any suspected false claims will be treated seriously, and the appropriate action will be taken.		Yes, I understand <input type="checkbox"/>
Name of Childcare Provider / School:		
Provider LoP Number / School Number:		
Authorised by Provider: (PRINT FULL NAME)		
Signed: (or state authorised electronically)		
Date funding agreed: (dd/mm/yyyy)		